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**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

NOV 2 2001

GENERAL COUNSEL  
OF COPYRIGHT

**Full Legal Name of Service Provider:** Concordia University

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** 7400 Augusta St, River Forest, IL 60305

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Dr. Dennis E. Witte

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  
Concordia University, 7400 Augusta St., River Forest, IL, 60305

**Telephone Number of Designated Agent:** 708-209-3205

**Facsimile Number of Designated Agent:** 708-209-3176

**Email Address of Designated Agent:** witte@curf.edu

**Signature of Officer or Representative of the Designating Service Provider:**  
Date: 10/04/01

**Typed or Printed Name and Title:** Dianne Dinkel, Sr. Vice President for Administration

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee  
Made Payable to the Register of Copyrights.**

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